

Race and Ideology in a Pandemic: White Privilege and Patterns of Risk Perception during COVID-19

Nicholas Vargas¹, G. Cristina Mora², Shannon Gleeson³

¹University of Florida, ²University of California, Berkeley, ³Cornell University

ABSTRACT

Drawing on a unique survey dataset of Californians collected during the early stages of the COVID-19 pandemic, this article examines how race and ideology shape perceptions of risk. Specifically, we position the pandemic as an “unsettled time” (Swidler 1986) and examine how different racialized groups made sense of the economic and health risks posed during this unprecedented period. We find that even when accounting for economic precarity and potential exposure to COVID-19, as well as for various other measures of social status, racialized minorities felt significantly more threatened by COVID-19 than did whites. Religion and political ideology mediated this relationship to some degree, but the racialized differences were substantial. Indeed, we find that even the most liberal whites reported being significantly less concerned about some COVID-19 risks than the most politically conservative of our Latinx and Black respondents. By linking the literature on race and racial stratification with research on risk and culture, we argue that whiteness facilitates a cognitive insulating effect vis-à-vis COVID-19 risks. We discuss the theoretical implications of our findings and conclude by highlighting the enduring importance of racialization, including various manifestations of white privilege, when assessing the social and cultural realities of crises on the ground.

KEYWORDS: COVID-19; race; ideology; risk perceptions; political ideology.

COVID-19 has upended normal life across the globe, sparking new public conversations about health and economic precarity. In the United States, the response to the pandemic has been met with fear and anxiety on the one hand and contentions that the dangers of COVID-19 are overblown on the other. During its early period, the pandemic dramatically disrupted U.S. Americans’ daily routines, as schools, offices, houses of religious worship, and retail outlets were shuttered. As of this writing, questions about how long the pandemic will last, when a vaccine will be distributed, and the ultimate economic toll of COVID-19 remain largely unanswered. In many ways, the pandemic thus represents a period that Swidler (1986) famously labeled an “unsettled time,” or a moment of rapid change and

The three authors contributed to this article equally. They would like to thank the Institute of Governmental Studies at UC Berkeley, as well as the anonymous reviewers at *Social Problems* for their feedback on earlier drafts. Please direct all correspondence to Nicholas Vargas, Center for Latin American Studies, University of Florida, PO Box 11530, Gainesville, FL 32611; email: nicholas.vargas@ufl.edu.

transition that disrupts daily life and requires that individuals develop a cultural lens through which to view the unknown (see also [Goode, Stroup, and Gaufman 2020](#)).

In this article, we focus on how different racialized groups have made sense of the dangers and threat associated with COVID-19. To be sure, the virus has had a differential racial impact in the United States. Early news and public health reports show that Latinx workers face greater exposure to the virus ([Jacoby and della Cava 2020](#)), and that Black people are dying of COVID-19 at an alarmingly disproportionate rate ([Ray 2020](#)). As we look to untangle the lasting economic toll of the pandemic, forecasts suggest that Black and Latinx communities are taking the hardest economic hit and will be the last social groups to rebound ([Hale 2020](#)). Moreover, news reports indicate increases in xenophobic, anti-Asian sentiment since COVID-19 ([Reny and Barreto 2020](#)); because of this animus, Asians might be experiencing and understanding the pandemic in unique ways. But how might these differential impacts translate into how various racial groups perceive the health and economic threats associated with COVID-19?

Indeed, such a question is important when we consider that understandings of risk and threats are in part socially constructed ([Mayer et al. 2017](#)) and sensitive to ideological worldviews. Considerable research shows that politics and religion shape the way that people understand the risks and dangers around them independent of social condition and actual risk exposure ([Kahan et al. 2007](#); [Wildavsky and Dake 1990](#)). Especially during unsettled times, politics and religion come to the fore and become tangible and powerful predictors of thought and action ([Swidler 1986](#)). As a result, political leaders, partisan organizations, and religious doctrines can serve as guideposts for individuals during moments of extreme uncertainty ([Tucker 1968](#)). Evidence of this abounds in the United States, with journalistic accounts noting how everything from views on sheltering in place, attendance at large-scale religious services, and perceptions on mask wearing and social distancing seem to have split starkly along ideological lines ([Aratani 2020](#); [Barrios and Hochberg 2020](#)). Conservatives, for example, appear to see less risk in COVID-19 than their more liberal counterparts. Thus, given the socially constructed nature of risk amidst an ideologically fractured U.S. landscape, we examine how aspects of political and religious ideology influence the ways that different racialized groups make sense of the pandemic.

We draw on survey data collected in California during the early phase of the pandemic to examine the relationship between race, ideology, and COVID-19 risk perceptions. During this initial period, U.S. political leaders were debating the best policy responses to the virus ([Rutenberg 2020](#)), while the Centers for Disease Control (CDC) were continuously revising their health guidelines ([Jingnan 2020](#)), likely contributing to the sense of chaos and uncertainty. We find that even when accounting for economic precarity and potential COVID-19 exposure, as well as for other measures of social status, racialized minorities expressed feeling significantly more threatened from the virus than whites. Though religion and political ideology partially mediated these attitudes, they did not account for the stark racial differences in COVID-19 risk perceptions. While liberalism more generally was associated with feelings of higher COVID-19 threat, even the most liberal whites in our sample reported being significantly less concerned about certain risks than the most politically conservative of our Latinx and Black respondents. All told, our findings indicate that whiteness might facilitate an insulating cognitive effect regardless of ideological orientation. They also indicate the emotional toll of fear and anxiety that the pandemic has had on people of color.

In effect, our study sheds light on the social and cultural dynamics of the COVID-19 pandemic, which has quickly become a formidable global challenge. More broadly, our article makes the issue of race explicit, bridging the literature on race, racialization, and racial precarity with the scholarship on risk and risk perceptions to engage more seriously with issues of systemic racism and domination. In making such a link, the article stresses the need to move beyond merely “controlling for race” and toward a discussion of how white privilege manifests as a protective cultural lens that filters out the fears, anxieties, and vulnerabilities that individuals might encounter in unsettled moments. This

phenomenon, we posit, is not simply a reflection of individual worldviews but rather a broader manifestation of power relations and racial hierarchies in the United States.

In the following pages, we review the literature on race and ideology to delineate their importance in unsettled moments. We then present findings from our poll data analysis to explain how race and ideology impact COVID-19 risk perceptions. We conclude by discussing the implications of this research for further theorizing on ideology, race, and racialization and what the results reveal about the largest public health crisis of our generation.

RACE, RACIALIZATION, AND RISK PERCEPTIONS

A long sociological tradition traces how racial inequality shapes individual outcomes and understandings (Blauner 2001; DuBois 1904). Indeed, race is a fundamental axis of stratification that affects self-understandings of belonging, opportunities for social and occupational mobility (Harvey-Wingfield and Chavez 2020; Valdez 2015), health disparities (Brown 2018; Marquez-Velarde, Jones, and Keith 2020; Sewell 2016), and everyday interactions (Anderson 2011). These powerful effects are rooted in the fact that a white-dominated racial hierarchy has structured U.S. institutions and communities for centuries (Bonilla-Silva 1997; Feagin 2013; Golash-Boza 2016; Mills 1993; Romero 2008). Such entrenched racism marginalizes communities of color, in part by questioning their moral worth and providing them with fewer state protections and opportunities (Molina 2014; Nakano-Glenn 2009). Under these conditions, racialized minorities face significantly higher economic and health risks compared to their white counterparts (Phelan and Link 2015; Williams and Collins 2001). For example, Black and Latinx people in the United States are more likely than whites to suffer from high blood pressure, diabetes, and a host of other health challenges (Laster Pirtle 2020; Williams et al. 2010). They are also more likely to live in economically precarious situations and have less wealth to carry them through sudden economic crises (Brown 2016; Oliver and Shapiro 2006). These effects are reciprocal in as much as health and economic vulnerability reinforce one another, keeping racialized minorities in a continuous state of precarity.

These unequal racial realities, in turn, can shape perceptions about daily life—especially about one’s vulnerability and ability to weather looming threats (see Bonilla-Silva 2019). Thus, while not grappling directly with race theory, a different strand of literature on risk perceptions shows that white males are comparatively less likely than women and Black respondents to feel threatened by everything from gun violence to climate change, even when controlling for risk exposure and other key variables such as education (see Barton Laws et al. 2015; Gotham, Lauve-Moon, and Powers 2017; Kahan et al. 2007; Wildavsky and Dake 1990). These race-focused findings have not yet been fully understood, though explanations about what might be behind this “white male effect” abound (Gotham et al. 2017). Researchers have posited cognitive-based explanations for these demographic patterns, suggesting that because white men are more likely than women and minorities to hold individualistic worldviews and place greater trust in authority figures, they are consequently more likely to feel protected and insulated from surrounding threats (Reardon and Govender 2013). Others have contended that because white males report comparatively fewer experiences with negative life events, including illness and stress, they tend to see less risk around them more generally (see Blum, Silver, and Poulin 2014). Still others have pointed to social context, suggesting that differences in media consumption patterns with respect to coverage of social problems (Giaccardi et al. 2017; Niu et al. 2020), social cues conveyed about masculinity (Mahalik, Burns, and Syzdek 2007; Morioka 2014), and differences in the quality of information shared through networks (Scherer and Cho 2003) make white males simply see less risk, even when accounting for exposure and immediate context (but see Barton Laws et al. 2015). However, most of the literature has examined risk perception around common social problems; we know much less about the racialized patterns of risk perceptions associated with unprecedented and understudied events such as sudden pandemics.

In this paper, we build on the race and risk literatures by beginning from the premise that race is constructed as a hierarchy shaping how risk and emotions, such as fear and vulnerability, are discerned. In doing so, we invite scholars to situate racialization in relation to structures of power and inequality wherein whiteness can translate into a privileged and insulating cognitive effect that provides a sense of security. Indeed, literature on racial inequalities shows that whites are disproportionately exempted from the consequences of risky behavior by a host of institutions, including a criminal justice system that focuses its attention on surveilling, targeting, and punishing people of color (Alexander 2010; Gonzalez Van Cleve 2016) and a healthcare system that treats whites better than racialized minorities (Peek et al. 2010). And we suggest that these unequal processes can affect patterns of risk perceptions and assessments of vulnerability across racial groups, even when controlling for socio-economic status and risk exposure. An approach that understands race as a complex system of stratification—including some emotive and structural factors that cannot be variabilized—is a necessary intervention in risk-perception research.

In bridging the risk and racialization literature, we also extend prior foci beyond whiteness and Blackness to provide a clearer sense of how various non-white communities develop different levels of risk perception. We know very little, for example, about how Latinx and Asian people think about risk compared to other groups (see Macias 2016). Such knowledge is important if we are to understand what is distinct about whiteness, or, conversely, about Blackness, with respect to risk perceptions and feelings of vulnerability. Moreover, given the sizable increase in the U.S. Asian and Latinx populations, as well as the important ways that academia has historically erased the experiences of communities of color, it is even more important to document just how these groups understand power and risk.¹ To do so, we consider the racial inequalities embedded in the COVID-19 pandemic, not simply in terms of exposure and infection, but also in the varying perceptions of protection among different racial groups.

Ideology in Unsettled Times: Politics and Religion

Any study of risk perception in the midst of an historic pandemic also requires analyzing the role of ideology during “unsettled times,” or moments marked by “rapid change and upheaval” (Swidler 1986:278). It is in these unsettled times, Swidler (1986) famously argues, that ideology becomes a crucial and explicit lens through which people perceive the social disruptions around them. Such a cultural view need not dramatically restructure individual behavior in the long term, but it can have powerful effects in the short term. Since Swidler’s landmark work, scholars have debated the extent to which ideology drives behavior during unsettled times, investigating, for example, whether national crises are associated with greater religiosity or prayer (Orman 2019; Uecker 2008), or whether crises lead to increased political participation (Sinclair, Hall, and Alvarez 2011). While the findings are mixed, it is widely accepted that ideology provides people with a readily available framework for making sense of times of extreme change.

By almost any measure, the COVID-19 pandemic represents an unsettled time. The first global pandemic in a century and the most significant viral outbreak in generations for the United States, it has had enormous consequences for racial inequality and decimated U.S. Americans’ health and economic outcomes, especially those of Black and Latinx people. During the pandemic’s early phase, the uncertainty was especially acute, as the lack of a coordinated state strategy likely exacerbated stress around the issue. Indeed, early on, many state governors were at odds with the president, who in turn was at odds with his own pandemic advisory team (Boggs 2020) and the nation’s public health institutions about how to address the outbreak (Sonmez and Fears 2020). At this time, even science seemed to contradict itself, as the Centers for Disease Control kept revising and updating their

1 It is important to note that Black, white, Latinx, and Asian are relational and frequently intersectional racialized constructs; in this study. For example, two percent of Latinxs also self-identified as Black. Our goal here is not to reify arbitrary ethnoracial distinctions, but to expand upon the subset of racialized groups typically included in race and risk-perception research.

guidelines about the utility of face coverings, the extent of social distancing necessary to keep safe, and even about how citizens should identify the early symptoms of the illness (Jingnan 2020). Adding to the political and scientific uncertainty, religious leaders across the nation seemed to take a divided stance on COVID-19. Although the vast majority of faith leaders complied with shelter-in-place orders and closed their houses of worship (Downen 2020), some were publicly defiant and made headlines by suing state governments for forcing them to close for too long.² Such conflicting messages during the early phase of the pandemic undoubtedly caused confusion, leaving many to draw on ideology to make sense of COVID-19 risks.

Of course, culture shapes sense-making on a number of dimensions even during “settled” times (see Shepherd and Stevens 2010). For example, political party affiliation has a powerful effect on everything from one’s trust in the government (Wilkes 2015) to friendship choices (McPherson, Smith-Lovin, and Cook 2001) to which neighborhoods people choose to live in (Rohla et al. 2018). Past research also confirms the role of politics in making sense of health and healthcare issues (see MacKendrick 2018). Moreover, partisanship affects beliefs in science and in the severity of health threats (Nisbet, Cooper, and Garrett 2015), as well as beliefs about how the healthcare system should be structured (Gelman, Lee, and Ghitza 2010). Republicans, for example, are more likely to see healthcare and well-being as an individual, rather than a state, responsibility (Henderson and Hillygus 2011).

Religion also has an important impact on how people make sense of uncertainty, especially in times of crisis (Pargament and Brant 1998). Religious belief provides a discourse for confronting and coping with adversity, thereby potentially reducing individuals’ perceptions of risk (Pargament 2001). In this vein, much scholarship suggests that religious behavior, such as prayer and spiritual meditation, can provide a calming effect (Chatters et al. 2008; Harris, Schoneman, and Carrera 2005). Participating in congregational life can also provide individuals with the social support needed to handle difficult moments (Krause 2006). Moreover, Blank and Shaw (2015) find that religious adherents of “biblical literalism” are less deferential to scientific expertise in certain issue areas, including the debate over mandatory vaccines. Even so, the authors identify the persistent effects of race/ethnicity on sense-making—even when controlling for party and ideology. Thus, we cannot ignore that race undoubtedly shapes adversity and risk exposure in the United States, and, as such, race is likely to mediate the relationship between religion and risk perception (Elliot and Pais 2006).

To address how religion shapes risk perception across racial groups, we focus especially on evangelical Christianity, which has been particularly forceful in structuring the lives of adherents in the United States (Leege and Kellstedt 1993). Evangelicalism calls on followers to think of their relationship to God as they make sense of everyday life (Smith et al. 1998) and form beliefs about the self, the future, and their nation (Whitehead and Perry 2020). Among immigrant communities, embracing evangelicalism and “born-again Christianity” can be seen as a way of adapting to U.S. life (Calvillo and Bailey 2015) and has increased dramatically within Asian and Latinx populations (Wong 2015). While evangelicalism is often associated with political conservatism, in this paper we are careful not to conflate them given their independent narrative and institutional impacts on belief and behavior. Distinguishing evangelicalism from conservatism also allows us to account for racial heterogeneity within ideological categories. For example, Black and Asian evangelicals often adopt different religious practices (Wong 2015), just as white and Latinx political conservatives have distinct voting patterns (Gibson and Hare 2012). In effect, we aim for a fuller understanding of how these ideologies themselves are racialized.

COVID-19 Risks: Economics and Health

We focus here on the historic COVID-19 pandemic to better understand the racialization of risk perception and the way it is shaped by ideology during crises. To do so, we carefully identify perceptions

2 The application for injunctive relief can be seen here: https://www.supremecourt.gov/opinions/19pdf/19a1044_pok0.pdf.

of risk as they relate to both the *health* and *economic* threats caused by the pandemic. These two aspects can be in tension, as reflected in the debate around whether to shelter in place or reopen the economy (Milligan 2020). Individuals might consider the elevated health risk of reopening against the looming economic risk of not doing so. To be sure, with some of the highest unemployment rates since the Great Depression, economic livelihood is a major source of anxiety for all workers in the United States right now (Brancaccio and Conlon 2020), especially those precarious low-wage workers who are disproportionately people of color. For them, the shutdown has meant a loss of work and income, and early reports suggest that the economic toll of the pandemic will have the most lasting effects on these communities (Hale 2020). The health effects of the pandemic have also loomed large, especially during the first phase of the pandemic when we collected our data and the virus seemed particularly deadly. In this period, the number of COVID-19-related deaths increased by the day, and early reports about the lack of ventilators and widespread germs amplified the perceived health risks felt by many (Jacobs 2020). Moreover, those without the privilege to work safely from home have felt considerably more anxious about their health during this pandemic (Mora and Schickler 2020). The more precarious workers worried about the health dangers of their jobs and their ability to continue working should they fall ill.

In effect, the disparate literatures on race, ideology, and risk suggest the need for a more syncretic theorizing and empirical modeling around COVID-19 sense-making. It is not simply that race, political ideology, or religious affiliation each impact risk perceptions. Rather, these are interrelated factors, which, taken together, are likely to systematically impact one's experience of an historic worldwide pandemic. Bridging these three literatures, we thus develop a two-part hypothesis to guide our analysis.

H1: Political and religious ideology will be significantly associated with COVID-19 risk perceptions, net of socioeconomic and exposure controls.

H2: Black, Latinx, and Asians will nonetheless perceive greater risks of COVID-19 than whites, net of socioeconomic and exposure controls, and net of political and religious ideology.

DATA AND MEASURES

We draw from the IGS CA Field Poll completed in the spring of 2020 by the Institute of Governmental Studies (IGS) at the University of California, Berkeley, in conjunction with the California Initiative for Health Equity & Action (Cal-IHEA). The poll was administered online in English and Spanish between April 16 and April 20 to 8,785 registered voters statewide. The email addresses of voters were derived from information contained on the state's official voter registration rolls. The overall sample of registered voters with email addresses was stratified in an attempt to obtain a proper balance of survey respondents across major segments of the registered voter population. At the conclusion of the data processing phase, post-stratification weights were applied to align the sample to population characteristics of the state's overall registered voter population.

Dependent Variables

To assess perceived risks related to COVID-19, we draw from two batteries of Likert-scale survey items that measure levels of concern for various pandemic-related threats or impacts. In a rotated varimax factor analysis, eight items loaded strongly on two distinct factors with low levels of uniqueness and eigenvector values exceeding 1: *personal economic risks* and *health related risks*. We then combined the items loading on each factor to produce scales. *Personal economic risk* is a 5-item scale, and *personal health risk* is a 3-item scale; the Cronbach's alpha reliability scores are .90 and .73, respectively. Items for these scales are listed in the appendix.

Covariates

Evangelical Christianity was measured by a survey item asking, “Do you consider yourself a born-again or evangelical Christian?” This measure is consistent with the traditional wording of major polling companies but permits respondents of any faith to identify as born-again. This broad conceptualization differs considerably from most academic treatments of evangelical Christianity; therefore, we revised the measure such that only those who identified as Protestant on an additional religious identity measure are marked as evangelical. Political views are measured by a five-category Likert response variable ranging from “very conservative” to “very liberal.”

Race is measured by a seven-category response variable with options for “Latino/a/Hispanic,” “Black/African American,” “Asian/Pacific Islander,” “White/Caucasian,” “Native American/American Indian,” “Alaska Native,” and “Other.” Respondents were permitted to check more than one category and were then asked to identify the group with which they most closely identified. We use this response to identify primary racial identification.

Additionally, we controlled for a series of covariates, including: age (years); self-identified sex (dichotomous); education (1=bachelor’s degree and beyond); employment status (a series of dichotomous measures that distinguish retirees and students; unemployed as the comparison category); access to health insurance over the past 12 months (1= Less than 6 months; 2= 6-11 months; 3= All 12 months) nativity (1= foreign-born; 0 = US-born); and household annual income. The latter is a nine-category variable ranging from less than \$20,000 to greater than \$200,000, which we treat as a continuous variable. We also controlled for county COVID-19 death rates (per 100,000 residents) at the time of the survey, which were centrally reported to the State of California by mandate during this period.³ Descriptive statistics for all measures used in our analyses can be found in [Table 1](#).

RESULTS

To examine the relationships between race, ideology, and COVID-19 risk perceptions, we estimated a series of nested multivariate ordinary least squares regressions. Models 1–2 illustrate the results for *economic* COVID-19 risk perceptions, and Models 3–4 detail the results for *health* COVID-19 risks. Standard errors, which are clustered by county, are observable in parentheses. We start by examining those factors posited to impact risk perception, namely SES, exposure indicators, and ideology (politics and religion). We then explore the impact of race on risk perceptions controlling for these covariates.

We first turn to Models 1 and 3, which are the base regression models for perceived economic and perceived health risks, respectively. Across both models, we regressed the risk perception scales on a series of control measures including socioeconomic and exposure indicators, as well as the political and religious ideology variables.

The results for socioeconomic status are intuitive and expected. Those with higher levels of income and education perceive significantly fewer economic and health-related risks. Moreover, we find that ideology also shapes risk perceptions. Controlling for all other covariates, we see that the more conservative the respondent, the fewer economic (Model 1: $b = -.041^{***}$) and health-related (Model 3: $b = -.173^{***}$) threats they perceived in the early weeks of the pandemic. Controlling for all other covariates, we also see that evangelical Christians perceived significantly lower COVID-19-related health risks (Model 3: $b = -.160^{***}$) than others, and there were no expressed differences in economic risks. In sum, these models support H1. They illustrate that in addition to SES, religious and political ideologies operate as structuring lenses through which people view the world and their own susceptibility to extant threats in unsettled times.

3 In July 2020, the Trump administration no longer required hospitals to send all COVID-19 reports to the Center for Disease Control, alarming health experts.

Table 1. *Descriptive Statistics*

<i>Variable</i>	<i>Obs</i>	<i>Mean</i>	<i>Std. Dev.</i>	<i>Min</i>	<i>Max</i>
Economic Risk	7812	2.047	.853	1	3.585
Health Risk	7410	2.74	.807	1	3.898
Employed	8184	.553	.497	0	1
Retired	8184	.239	.426	0	1
Student	8184	.071	.257	0	1
Household income	8023	5.13	2.625	1	9
Health insurance	8175	2.853	.478	1	3
Bachelor's degree	8185	.633	.482	0	1
Age	8186	48.654	18.356	18	102
Male	8186	.498	.5	0	1
Foreign-born	8185	.206	.404	0	1
Leave for work	8176	1.581	2.197	0	7
County Covid Deaths/100k	8186	7.205	5.998	0	17
Political views	8171	2.509	1.173	1	5
Evangelical	8181	.126	.331	0	1
White	8186	.639	.48	0	1
Black	8186	.036	.187	0	1
Asian	8186	.118	.322	0	1
Latinx	8186	.207	.405	0	1

Race

Models 2 and 4 are identical to those already detailed but include self-identified race as important covariates. Here, we see that self-identified Latinx, Asian-American, and Black respondents all perceive significantly higher levels of economic risks (Model 2) and health risks (Model 4) than whites. The racial differences seen here are substantial and robust to a sizable set of SES, ideological, and exposure-related covariates, and therefore support H2. These findings further suggest that perceptions of economic and health risks are not competing concerns. People of color express substantially higher concerns across both risk dimensions.

Given the structuring influence of race and ideology, one of the primary aims of this research is to explore if and how racial differences persist across the nexus of political and religious ideology. We know, for example, that whites make up the large majority of political conservatives, whereas people of color are disproportionately liberal ([Pew Research Center 2020](#)). We also know that conservative voters of color have distinct political philosophies from white conservatives ([Fields 2016](#); [Gibson and Hare 2012](#)). Therefore, we also estimated a series of four additional regressions that permitted the slopes for political views and religion to vary by race across each of the two dependent variables.⁴ We then calculated and plotted predicted marginal effects to demonstrate how race and ideology shape COVID-19 risk perceptions.

In Model 1, we observed lower COVID-19 economic risks among more conservative respondents, and this relationship persisted even while controlling for race in Model 2. [Figure 1](#) plots the predicted economic risk scores across political ideology, ranging from “very liberal” to “very conservative,” across all four racial groups. The line for whites slopes downward, and the confidence intervals for “conservative” and “very conservative” whites do not overlap with those for “very liberal” whites. This indicates that holding all other covariates at their mean scores, conservative whites perceive significantly fewer COVID-19 economic risks than their white liberal counterparts. By comparison, the

4 Models available upon request.

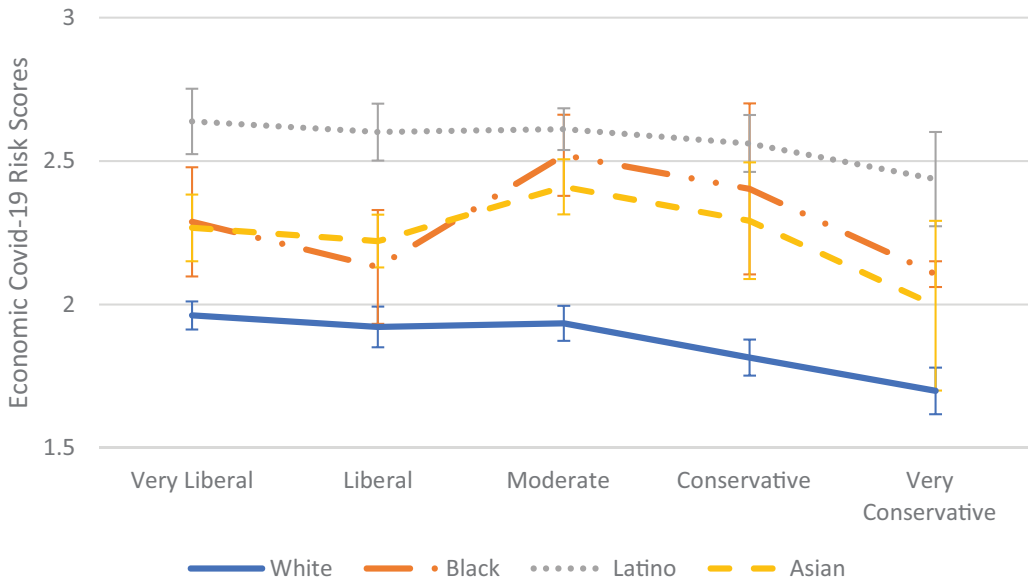


Figure 1. Predictive Margins of Economic Covid-19 Risks by Political Ideology

confidence intervals for conservative Latinx, Asian-American, and Black respondents do overlap with the confidence intervals of their liberal counterparts. The standard errors are slightly larger at the conservative end (perhaps given fewer conservative respondents of color), yet this suggests that political ideology does little to differentiate or structure the economic risk perceptions of racialized minorities. Figure 1 also reveals that the most liberal whites—who express the *most* economic risks among the white sample—still score lower on perceived economic risks than the most conservative Black and Latinx respondents.

In Figure 2, we plotted the predicted values of the health risk scale across race and political views. Once again, we see that across political ideology, whites generally perceive significantly fewer health risks than all other racialized groups, and Latinxs generally express among the highest health-related risks. Political ideology shapes all groups' health risk perceptions. However, conservatives perceived fewer health risks in comparison to their more liberal, same-race counterparts.

Figure 3 reveals that religious differences matter for perceptions of health risks, but only for whites. That is, whites are the only group for whom the identification as “evangelical” or “not evangelical” produces significant differences; white evangelicals perceive significantly fewer COVID-19 health risks than do their white non-evangelical counterparts. We do not see evidence that evangelical Latinx, Asian-American, or Black respondents perceive different COVID-19 health risks than their same race non-evangelical counterparts. Perhaps more significantly, Latinx evangelicals report greater perceptions of COVID-19 health risks than do white evangelicals. Meanwhile, due possibly to small cell size, the health risk perceptions of evangelical Blacks and evangelical Asian-Americans do not significantly differ from that of evangelical white respondents.

In sum, these results indicate that race is a central factor shaping COVID-19 risk perceptions such that differences can persist across the ideological spectrums of politics and religion.

DISCUSSION AND CONCLUSION

Taken together, these findings reveal how ideology and race shape the way that individuals weigh the economic and health risks associated with the pandemic. As predicted by the literature, all things being equal, political conservatives are less concerned about both their economic and health risks than

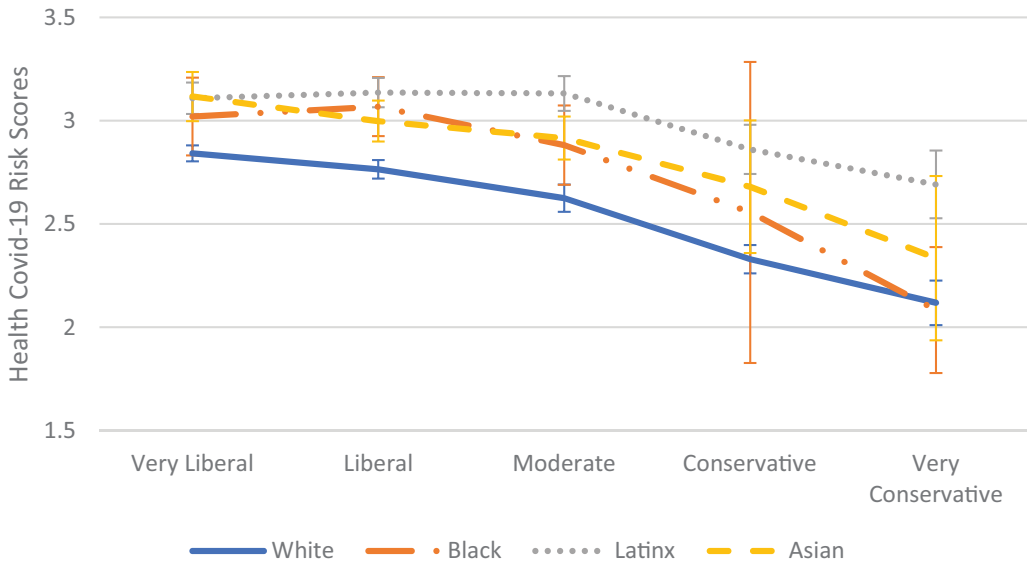


Figure 2. Predictive Margins of Health Covid-19 Risks by Political Ideology

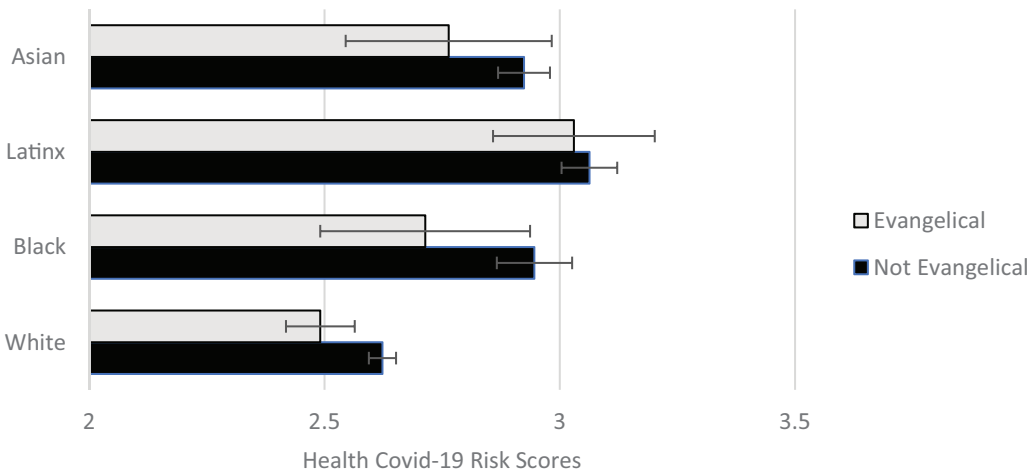


Figure 3. Predictive Margins of Health Covid-19 Risks by Religion

their liberal counterparts.⁵ However, the effects of religion on risk perception are less consistent. After controlling for political affiliation, we found that evangelical Christians are no different from non-evangelicals in their conceptions of economic risk, but they are less concerned about their health risks. Research on evangelical Christians, especially studies on prayer and introspection (Menjívar 2003; Winchester and Guhin 2019) and those examining expressed interpersonal relationships with religious figures, may help explain why a global health pandemic may seem less threatening to them, especially if they believe in the power of prayer to mitigate risks.⁶

5 While the models presented here focus on partisanship, alternate models identifying those who approve of President Trump’s performance point to the same dynamics.

6 In other models, we also control for those individuals who identify as having no religion; however, this specification does not produce any consistently significant effects.

Table 2. OLS Regression of Economic and Health-Related Covid-19 Risk Perceptions

	(1)	(2)	(3)	(4)
	ECON	ECON	HEALTH	HEALTH
Employed	−.55*** (.033)	−.551*** (.031)	−.16*** (.035)	−.161*** (.034)
Retired	−1.21*** (.033)	−1.209*** (.032)	−.094* (.041)	−.094* (.038)
Student	−.696*** (.061)	−.709*** (.059)	−.171*** (.049)	−.194*** (.048)
Household income	−.07*** (.005)	−.063*** (.005)	−.045*** (.005)	−.037*** (.005)
Health insurance	−.107*** (.02)	−.105*** (.02)	−.079** (.027)	−.076** (.025)
Bachelor's Degree	−.145*** (.026)	−.134*** (.024)	−.11*** (.025)	−.099*** (.025)
Age	−.002* (.001)	0 (.001)	0 (.001)	.002* (.001)
Male	.017 (.018)	.024 (.018)	−.039 (.025)	−.031 (.025)
Foreign-born	.338*** (.016)	.231*** (.021)	.364*** (.033)	.228*** (.044)
Leave for work	.014** (.005)	.011* (.005)	.002 (.006)	−.001 (.006)
Cnty Covid death rate	.009*** (.002)	.007*** (.002)	.003* (.001)	.001 (.002)
Political views	−.036*** (.008)	−.04*** (.008)	−.156*** (.016)	−.16*** (.015)
Evangelical	−.047 (.025)	−.042 (.023)	−.16*** (.027)	−.155*** (.026)
Latinx		.267*** (.04)		.314*** (.03)
Black		.205*** (.051)		.223*** (.056)
Asian		.161*** (.032)		.23*** (.039)
_cons	3.127*** (.061)	3.066*** (.059)	3.373*** (.123)	3.303*** (.121)
Observations	7641	7641	7248	7248
R-squared	.37	.382	.136	.155

Standard errors are in parentheses

*** $p < .001$,** $p < .01$,* $p < .05$

However, the most central finding in this study concerns the enduring and powerful effect of racialization. The results indicate that whiteness transcends ideology insofar as racialized minorities feel much more at risk and vulnerable to the virus compared to whites—even when ideology, social status, and risk exposure are accounted for. That is, even the most liberal white respondents in our sample are less concerned about their economic risks than are the most conservative non-white

respondents. In the white-dominated racialized social system of the United States, racial inequalities structure and orient daily life (Bonilla-Silva 1997), and our findings suggest that this structuring translates into the realm of risk perceptions and feelings of vulnerability. In COVID-19 times, racialized minorities seem not to have the liberty of feeling safe.

In short, our research confirms that racial marginalization shapes risk perceptions. Future research must continue to disaggregate minority perceptions of pandemic threat, especially as our findings reveal that Latinx respondents in particular are experiencing feelings of severe vulnerability. And while much of the existing literature of Latinx precarity focuses on poor and undocumented Latinxs (Bernhardt, McGrath, and DeFilippis 2007)—whom we would expect to feel more threatened by the pandemic—our data on registered voters confirm that even U.S.-born and naturalized Latinx respondents perceived much greater COVID-19 risks than did whites. It may be that in California the uniquely large percentage of Latinos in service and agricultural work increases feelings of vulnerability across the community as a whole. Additionally, we find that Black and Asian people's COVID-19 risk perceptions fall between those of Latinxs and whites, but more research is needed to account for their unique experiences of racialization. It is likely that the emotional toll of unsettled moments is felt and expressed differently across communities of color, and future research can shed greater light on this issue.

That whites feel less risk also raises the issue of whether this attitude might affect decision-making. In theory, feeling comparatively more insulated and safe with respect to COVID-19 could translate into increased risky behavior for oneself and others. While we are unable to discern this relationship with our data, we do note that such behavior could lead to a broader community spread more generally, and, given that Blacks and Latinxs are more likely to face health complications associated with the virus (Ray 2020), that such dynamics would further reinforce racialized health disparities. To explore this further, we need more nuanced and longitudinal research that focuses on risky health practices by race and Covid-19 spread.

Informed by our empirical findings, this article makes two important theoretical contributions. First, the project bridges the risk and race literatures, moving beyond the simplistic characterization of race as a demographic characteristic found in most risk-related research and toward a more nuanced, rigorous theorization of racialization and systemic racism (Tierney 1999). In doing so, we see how racial marginalization frequently transcends even the effects of ideology on meaning-making. We build on Swidler's (1986) conceptualization of ideology as a means for sense-making in unsettled times to illustrate that such processes are racialized. Even pandemics like COVID-19 are not equally unsettling for all, and the way people assess their risks amidst such crises varies by race: for example, whites express fewer concerns, and, on average, differentiate their views by religion and politics in ways that racialized minorities do not.

From a race scholarship perspective, constructing a bridge to the risk literature also provides an opportunity to understand an additional aspect of racial vulnerability as a sort of cognitive disposition. Such an approach requires a more general understanding of racialized emotions (see Bonilla-Silva 2019) and patterns of racialized inequality (Light 2012; Massey 2007), but it also invites scholars to investigate the deeper cognitive schemas and frames that reinforce feelings of continuous threat for people of color. How might living as a racialized minority in a racially stratified society lead to a deep-seated, perhaps automatic, way of thinking about safety, caution, and risk taking? And what contextual and intersectional factors would mediate this relationship between race and threat perception? At the same time, a serious engagement with the racialization and risk literature calls for scholars to position whiteness as a set of protective cognitive dispositions that insulates individuals from the fears and anxieties that fundamentally shape understandings of risk. In this manner, assessments of race and risk perceptions more generally would take seriously questions concerning the degree of in-group racial identification, perceptions of racial discrimination and inequality, and deep-seated beliefs about racial hierarchies, among others.

Second, in examining the health and economic threats associated with COVID-19, we show the nuanced ways various people experience and understand an unsettled moment in the United States. Future research on culture in such unsettled times would thus benefit from homing in on these differences. This research could entail, for example, more precise measures about the temporal and scalar dimensions of threat. Thus we could examine how race, ideology, and other markers of stratification are associated with long- and short-term understandings of threat or individual and societal conceptualizations of vulnerability. Might Latinx and Black respondents feel more vulnerable because they see COVID-19 as both a short- and long-term threat? And might whites see COVID-19 as more threatening to society at large rather than to their own, personal circumstance? More nuanced understandings of threat, and perceptions of unsettled times more generally, can shed greater light on these issues.

Moving forward, scholars might continue to bridge racialization and risk literatures by drawing on qualitative methods and delving deeper into the characteristics of risk and vulnerability during this unprecedented moment. Such work could provide insight into how other forms of ideology—gender, economic—operate or how politics and religion become intertwined for some groups more than others. Scholars could also look at COVID-19 over time to determine whether the effects of religion and politics for various racial groups are fleeting or shape behavior over extended periods. Such insight could provide a greater understanding of the unique imprinting effects of pandemics compared to other types of unsettled times.

Ultimately, COVID-19 has dramatically reshaped daily life in the United States and poses the most formidable public health challenge in generations. Our findings show that the nation's ideological divides have shaped perceptions of COVID-19, but that this conversation cannot be divorced from a discussion of race as a powerful system of stratification. As the pandemic endures, therefore, we must continuously seek to understand how race, ideology, and risk relate to one another if we are to make sense of this uniquely unsettled moment.

APPENDIX

Appendix A. OLS Regressions of Covid-19-Related Economic and Health Risks by Race

	(White)	(Black)	(Latinx)	(Asian)	(White)	(Black)	(Latinx)	(Asian)
	ECON	ECON	ECON	ECON	HEALTH	HEALTH	HEALTH	HEALTH
Employed	−.681*** (.047)	−.349* (.16)	−.4*** (.053)	−.388*** (.062)	−.191*** (.041)	−.323 (.192)	−.078 (.045)	−.081 (.08)
Retired	−1.317*** (.046)	−1.132*** (.242)	−.964*** (.088)	−1.151*** (.116)	−.089 (.048)	−.273 (.331)	−.191** (.058)	−.075 (.158)
Student	−.836*** (.114)	−.387 (.217)	−.617*** (.076)	−.633*** (.113)	−.299*** (.073)	−.134 (.274)	−.096 (.094)	−.142 (.088)
Household income	−.045*** (.007)	−.133*** (.022)	−.079*** (.01)	−.09*** (.008)	−.023*** (.006)	−.034 (.023)	−.078*** (.014)	−.046** (.015)
Health insurance	−.109** (.033)	−.121 (.067)	−.103** (.029)	−.077 (.039)	−.074 (.042)	−.247** (.084)	−.043 (.04)	−.076* (.036)
Bachelor's degree	−.108*** (.03)	−.178* (.076)	−.201*** (.038)	−.153* (.057)	−.099** (.033)	−.068 (.075)	−.172** (.058)	−.049 (.046)
Age	0 (.001)	.008* (.004)	−.003 (.002)	.002 (.003)	.002 (.001)	0 (.006)	.004 (.003)	.002 (.002)
Male	.005 (.02)	−.084 (.085)	.038 (.037)	.099 (.055)	−.006 (.023)	.157 (.104)	−.108 (.064)	−.036 (.06)
Foreign-born	.173** (.051)	.493** (.157)	.276*** (.046)	.207*** (.056)	.2** (.067)	.419* (.169)	.181** (.054)	.26*** (.05)
Leave for work	.013* (.006)	.007 (.015)	−.006 (.008)	.029* (.014)	−.005 (.007)	−.007 (.025)	−.009 (.012)	.029 (.017)
COVID_Deaths ~100K	.008*** (.002)	.008 (.005)	−.002 (.004)	.009* (.003)	−.001 (.002)	−.004 (.005)	.001 (.004)	.006* (.002)
Political Views	−.055*** (.013)	.057 (.038)	−.03 (.022)	−.014 (.021)	−.184*** (.011)	−.181* (.075)	−.092** (.031)	−.171** (.048)
Evangelical	−.01 (.04)	−.047 (.116)	−.047 (.059)	−.134* (.065)	−.12** (.036)	−.151 (.154)	−.123 (.097)	−.198 (.123)
_cons	3.165*** (.093)	2.601*** (.384)	3.434*** (.105)	3*** (.148)	3.34*** (.138)	3.998*** (.401)	3.488*** (.244)	3.368*** (.166)
Observations	4899	273	1581	888	4646	257	1488	857
R-squared	.351	.338	.253	.27	.121	.171	.106	.11

Standard errors are in parentheses

*** $p < .001$,** $p < .01$,* $p < .05$

Appendix B. COVID-19 Personal Economic Risk and Personal Health Risk Scale Measures

<i>Risk Types</i>	<i>Likert scale</i>	<i>Items</i>
Personal Economic Risk • (Cronbach's alpha = .90)	<ul style="list-style-type: none"> • Range: 1-4 • 1=No problem at all • 4=Very serious problem 	<p>Prompt: For each of the following, please indicate the degree to which each is a problem that you expect to face – or are already facing – as a result of COVID-19</p> <p>Item 1: <i>Not being able to pay for basic necessities (i.e. food, medication, rent/mortgage)</i></p> <p>Item 2: <i>Losing my job</i></p> <p>Item 3: <i>Lacking paid sick leave</i></p> <p>Item 4: <i>Reduced wages or work hours</i></p> <p>Prompt: To what extent is COVID-19 a threat to . . .</p> <p>Item 5: <i>Your personal/family financial situation</i></p>
Personal Health Risk • (Cronbach's alpha = .73)	<ul style="list-style-type: none"> • Range: 1-3 • 1=No threat • 3=A major threat 	<p>Prompt: For each of the following, please indicate the degree to which each is a problem that you expect to face – or are already facing – as a result of COVID-19</p> <p>Item 1: <i>Getting sick from COVID-19</i></p> <p>Item 2: <i>Not being able to get medical care</i></p> <p>Item 3: <i>Not being able to get tested for COVID-19</i></p>

REFERENCES

- Anderson, Elijah. 2011. *The Cosmopolitan Canopy: Race and Civility in Everyday Life*. New York: W.W. Norton.
- Alexander, Michelle. 2010. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: New Press.
- Aratani, Lauren. 2020. "How Did Face Masks Become a Political Issue in America?" *The Guardian*, June 29, 2020.
- Barrios, John M., and Yael Hochberg. 2020. "Risk Perception through the Lens of Politics in the Time of the Covid-19 Pandemic." *National Bureau of Economic Research. Working Paper No. 27008*.
- Barton Laws, M., Yating Yeh, Ellin Reisner, Kevin Stone, Tina Wang, and Doug Brugge. 2015. "Gender, Ethnicity and Environmental Risk Perception Revisited: The Importance of Residential Location." *Journal of Community Health* 40 (5):948–55.
- Bernhardt, Annette, McGrath Siobhán, and DeFilippis. James. 2007. "Unregulated Work in the Global City: Employment and Labor Law Violations in New York City." *New York: Brennan Center for Justice at the New York University School of Law*. http://www.brennancenter.org/content/resource/unregulated_work_in_the_global_city_full_report/.
- Blank, Joshua M., and Daron Shaw. 2015. "Does Partisanship Shape Attitudes toward Science and Public Policy? The Case for Ideology and Religion." *The ANNALS of the American Academy of Political and Social Science* 658 (1):18–35.
- Blauner, Bob. 2001. *Still the Big News: Racial Oppression in America*. Philadelphia: Temple University Press.
- Blum, Scott C., Roxane Cohen Silver, and Michael J. Poulin. 2014. "Perceiving Risk in a Dangerous World: Associations between Life Experiences and Risk Perceptions." *Social Cognition* 32 (3):297–314.
- Boggs, J. 2020. "The Memo: Fauci at Odds with Trump on Virus." *The Hill*, May 13, 2020. <https://thehill.com/home-news/administration/497449-the-memo-fauci-at-odds-with-trump-on-virus>.
- Bonilla-Silva, Eduardo. 1997. "Rethinking Racism: Toward a Structural Interpretation." *American Sociological Review* 62 (3):465–480.
- Bonilla-Silva, Eduardo. 2019. "Feeling Race: Theorizing the Racial Economy of Emotions." *American Sociological Review* 84 (1):1–25.
- Botsford, Jabin. 2020. "Trump's Angry Twitter Rant Full of Falsehoods." *The Washington Post*, April 27.
- Brancaccio, David, and Rose Conlon. 2020. "There's Been a Dramatic Spike in Americans' Economic Anxiety." *Marketplace (blog)*, May 5. <https://www.marketplace.org/2020/05/05/covid-19-economic-anxiety-spike-food-groceries-rent-mortgages-health-care/>.
- Brown, Tyson H. 2016. "Diverging Fortunes: Racial/Ethnic Inequality in Wealth Trajectories in Middle and Late Life." *Race and Social Problems* 8(1):29–41.
- Brown, Tyson H. 2018. "Racial Stratification, Immigration, and Health Inequality: A Life Course Intersectional Approach." *Social Forces* 96(4):1507–1540.
- Calvillo, Jonathan E. and Stanley R. Bailey. 2015. "Latino Religious Affiliation and Ethnic Identity." *Journal for the Scientific Study of Religion* 54(1):57–78.
- Chatters, Linda M., Robert Joseph Taylor, James S. Jackson, and Karen D. Lincoln. 2008. "Religious Coping among African Americans, Caribbean Blacks and Non-Hispanic Whites." *Journal of Community Psychology* 36(3):371–86.
- Downen, Robert. 2020. "Keep Houses of Worship Closed, Houston-Area Faith Leaders Say - HoustonChronicle.Com." *Houston Chronicle*, May 26. <https://www.houstonchronicle.com/news/houston-texas/houston/article/Keep-houses-of-worship-closed-faith-leaders-say-15296258.php>.
- DuBois, W. E. B. 1904. "The Development of a People." *The International Journal of Ethics* 14(3):292–311.
- Elliott, James R., and Jeremy Pais. 2006. "Race, Class, and Hurricane Katrina: Social Differences in Human Responses to Disaster." *Social Science Research* 35(2):295–321.
- Feagin, Joe. 2013. *Systemic Racism: A Theory of Oppression*. New York: Routledge.
- Fields, Corey. 2016. *Black Elephants in the Room: The Unexpected Politics of African American Republicans*. Berkeley: University of California Press.
- Gelman, Andrew, Daniel Lee, and Yair Ghitza. 2010. "Public Opinion on Health Care Reform." *The Forum* 8 (1)1–14.
- Giaccardi, Soraya, L. Monique Ward, Rita C. Seabrook, Adriana Manago, and Julia R. Lippman. 2017. "Media Use and Men's Risk Behaviors: Examining the Role of Masculinity Ideology." *Sex Roles* 77(9):581–92.
- Gibson, Troy, and Christopher Hare. 2012. "Do Latino Christians and Seculars Fit the Culture War Profile? Latino Religiosity and Political Behavior." *Politics and Religion* 5(1):53–82.
- Golash-Boza, Tanya. 2016. "A Critical and Comprehensive Sociological Theory of Race and Racism." 2(2):129–141.
- Gonzalez Van Cleve, Nicole. 2016. *Crook County: Racism and Injustice in America's Largest Criminal Court*. Stanford, CA: Stanford University Press.
- Goode, Paul, David R. Stroup, and Elizaveta Gaufrman. 2020. "Everyday Nationalism in Unsettled Times: In Search of Normality during the Pandemic." *Nationalities Papers* 1–25.

- Gotham, Kevin Fox, Katie Lauve-Moon, and Bradford Powers. 2017. "Risk and Recovery: Understanding Flood Risk Perceptions in a Postdisaster City—the Case of New Orleans." *Sociological Spectrum* 37(6):335–52.
- Hale, Kori. 2020. "The Economic Impact Of COVID-19 Will Hit Minorities The Hardest." *Forbes*. March 17. <https://www.forbes.com/sites/korihale/2020/03/17/the-economic-impact-of-covid-19-will-hit-minorities-the-hardest/>.
- Harris, J. Irene, Sean W. Schoneman, and Stephanie R. Carrera. 2005. "Preferred Prayer Styles and Anxiety Control." *Journal of Religion and Health*, 44(4):403–412.
- Harvey-Wingfield, Adia, and Koji Chavez. 2020. "Getting In, Getting Hired, Getting Sideways Looks: Organizational Hierarchy and Perceptions of Racial Discrimination." *American Sociological Review* 85(1):35–57.
- Henderson, Michael, and D. Sunshine Hillygus. 2011. "The Dynamics of Health Care Opinion, 2008–2010: Partisanship, Self-Interest, and Racial Resentment." *Journal of Health Politics, Policy and Law* 36(6):945–60.
- Jacobs, Andrew. 2020. "Fears of Ventilator Shortage Unleash a Wave of Innovations." *The New York Times*, April 17, sec. Health. <https://www.nytimes.com/2020/04/17/health/ventilators-coronavirus.html>.
- Jacoby, Kenny, and Marco della Cava. 2020. "Latino Homes Report Serious COVID-19 Symptoms Nearly Twice as Often." June 1. *USA Today*. <https://www.usatoday.com/story/news/nation/2020/06/01/latino-homes-report-serious-covid-19-symptoms-nearly-twice-often/5243160002/>.
- Jingnan, Huo. 2020. "Why There Are So Many Different Guidelines for Face Masks for the Public." *NPR*, April 10. <https://www.npr.org/sections/goatsandsoda/2020/04/10/829890635/why-there-so-many-different-guidelines-for-face-masks-for-the-public>.
- Kahan, Dan M., Donald Braman, John Gastil, Paul Slovic, and C. K. Mertz. 2007. "Culture and Identity-Protective Cognition: Explaining the White-Male Effect in Risk Perception." *Journal of Empirical Legal Studies* 4(3):465–505.
- Krause, Neal. 2006. "Exploring the Stress-Buffering Effects of Church-Based and Secular Social Support on Self-Rated Health in Later Life." *Journal of Gerontology, Series B*, 61(1): S35–S43.
- Laster Pirtle, Whitney N. 2020. "Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States." *Health Education & Behavior*. doi.org/10.1177/1090198120922942.
- Leege, David, and Lyman Kellstedt. 1993. *Rediscovering the Religious Factor in American Politics*. Amnck, NY: M.E. Sharpe.
- Light, Donald W. 2012. "Categorical Inequality, Institutional Ambivalence, and Permanently Failing Institutions: The Case of Immigrants and Barriers to Health Care in America." *Ethnic and Racial Studies* 35(1):23–39.
- Macias, Thomas. 2016. "Environmental Risk Perception among Race and Ethnic Groups in the United States." *Ethnicities* 16(1):111–29.
- MacKendrick, Norah. 2018. *Better Safe than Sorry: How Consumers Navigate Exposure to Everyday Toxins*. Berkeley: University of California Press.
- Mahalik, James R., Shaun M. Burns, and Matthew Syzdek. 2007. "Masculinity and Perceived Normative Health Behaviors as Predictors of Men's Health Behaviors." *Social Science & Medicine* 64(11):2201–9.
- Marquez-Velarde, Guadalupe, Nicole E. Jones, and Verna M. Keith. 2020. "Racial Stratification in Self-Rated Health among Black Mexicans and White Mexicans." *Social Science & Medicine*, April (10) 100509.
- Massey, Douglas S. 2007. *Categorically Unequal: The American Stratification System*. New York: Russell Sage Foundation Publications.
- Mayer, Adam, Tara O'Connor Shelley, Ted Chiricos, and Marc Gertz. 2017. "Environmental Risk Exposure, Risk Perception, Political Ideology and Support for Climate Policy." *Sociological Focus* 50 (4): 309–28.
- McPherson, Miller, Lynn Smith-Lovin, and James M. Cook. 2001. "Birds of a Feather: Homophily in Social Networks." *Annual Review of Sociology*, 27:414–444.
- Menjívar, Cecilia. 2003. "Religion and Immigration in Comparative Perspective: Catholic and Evangelical Salvadorans in San Francisco, Washington, DC, and Phoenix." *Sociology of Religion* 64(1): 21–45.
- Milligan, Susan. 2020. "Coronavirus Cases Climb as Officials Debate Reopening." *US News & World Report*, May 10. <https://www.usnews.com/news/national-news/articles/2020-05-10/coronavirus-cases-climb-as-officials-debate-reopening-the-economy>.
- Mills, Charles W. 1993. "White Supremacy as Sociopolitical System: A Philosophical Perspective." Pp. 35–48 in *White Out: The Continuing Significance of Race*, edited by Ashley W. Doane and Eduardo Bonilla-Silva. New York: Routledge.
- Molina, Natalia. 2014. *How Race Is Made in America: Immigration, Citizenship, and the Historical Power of Racial Scripts*. Berkeley: University of California Press.
- Mora, Cristina G., and Eric Schickler. 2020. "Racial Minorities at Risk in the Workplace and the Economy." *Press Report*. UC Berkeley: Institute of Governmental Studies.
- Morioka, Rika. 2014. "Gender Difference in the Health Risk Perception of Radiation from Fukushima in Japan: The Role of Hegemonic Masculinity." *Social Science & Medicine* 107 (April):105–12.

- Nakano Glenn, Evelyn. 2009. *Unequal Freedom: How Race and Gender Shaped American Citizenship and Labor*. Cambridge, MA: Harvard University Press.
- Nisbet, Erik C., Kathryn E. Cooper, and R. Kelly Garrett. 2015. "The Partisan Brain: How Dissonant Science Messages Lead Conservatives and Liberals to (Dis)Trust Science." *The ANNALS of the American Academy of Political and Social Science* 658(1):36–66.
- Niu, Chunhua, Zhixin Jiang, Hongbing Liu, Kehu Yang, Xuping Song, and Zhihong Li. 2020. "The Influence of Media Consumption on Public Risk Perception: A Meta-Analysis." *Journal of Risk Research*. DOI: 10.1080/13669877.2020.1819385.
- Oliver, Melvin L., and Thomas M. Shapiro. 2006. *Black Wealth/White Wealth: A New Perspective on Racial Inequality*. New York: Routledge.
- Orman, Wafa Hakim. 2019. "Religiosity and Financial Crises in the United States." *Journal of the Scientific Study of Religion*, 58(1):20–46.
- Pargament, Kenneth I. 2001. *The Psychology of Religion and Coping: Theory, Research, and Practice*. New York: Guildford Press.
- Pargament, Kenneth I., and Curtis R. Brant. 1998. "8 - Religion and Coping." Pp. 111–28 in *Handbook of Religion and Mental Health*, edited by Harold G. Koenig. San Diego: Academic Press.
- Peek, Monica E., Angela Odoms-Young, Michael T. Quinn, Rita Gorawara-Bhat, Shannon C. Wilson, and Marshall H. Chin. 2010. "Racism in Healthcare: Its Relationship to Shared Decision-Making and Health Disparities: A Response to Bradby." *Social Science & Medicine* 71(1):13–17.
- Pew Research Center. 2020. "In Changing U.S. Electorate, Race and Education Remain Stark Dividing Lines." *Pew Research Center - U.S. Politics & Policy (blog)*. June 2. <https://www.pewresearch.org/politics/2020/06/02/in-changing-u-s-electorate-race-and-education-remain-stark-dividing-lines/>.
- Phelan, Jo C., and Bruce G. Link. 2015. "Is Racism a Fundamental Cause of Inequalities in Health?" *Annual Review of Sociology* 41:311–330.
- Ray, Rashawn. 2020. "Why Are Blacks Dying at Higher Rates from COVID-19?" *Brookings (blog)*. April 9. <https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>.
- Reardon, Candice A., and Kaymarlin Govender. 2013. "Masculinities, Cultural Worldviews and Risk Perceptions among South African Adolescent Learners." *Journal of Risk Research* 16 (6):753–70.
- Reny, Tyler, and Matt Barreto. 2020. "Analysis | Americans Who Are Biased against Asians Are More Likely to Fear the Coronavirus." *Washington Post*, April 1. <https://www.washingtonpost.com/politics/2020/04/01/americans-who-are-biased-against-asians-are-more-likely-fear-coronavirus/>.
- Rohla, Ryne, Ron Johnston, Kelvyn Jones, and David Manley. 2018. "Spatial Scale and the Geographical Polarization of the American Electorate." *Political Geography* 65 (July): 117–22.
- Romero, Mary. 2008. "Crossing the Immigration and Race Border: A Critical Race Theory Approach to Immigration Studies." *Contemporary Justice Review* 11(1):23–37.
- Rutenberg, Jim. 2020. "Politics through the Looking Glass: Virus Scrambles the Left-Right Lines." *The New York Times*, April 5. <https://www.nytimes.com/2020/04/05/us/politics/coronavirus-democrats-republicans-trump.html>.
- Scherer, Clifford W., and Hichang Cho. 2003. "A Social Network Contagion Theory of Risk Perception." *Risk Analysis* 23(2):261–7.
- Sewell, Abigail A. 2016. "The Racism-Race Reification Process: A Mesolevel Political Economic Framework for Understanding Racial Health Disparities." *Sociology of Race and Ethnicity* 2 (4):402–432.
- Shepherd, Hana, and Nicole Stephens. 2010. "Using Culture to Explain Behavior: An Integrated Approach." *Social Psychology Quarterly* 73:353–354.
- Sinclair, Betsy, Thad E. Hall, and R. Michael Alvarez. 2011. "Flooding the Vote: Hurricane Katrina and Voter Participation in New Orleans." *American Politics Research*, 39(5): 921–957.
- Smith, Christian, Michael Emerson, Sally Gallagher, Paul Kennedy, and David Sikkink. 1998. *American Evangelicalism: Embattled and Thriving*. Chicago: University of Chicago Press.
- Sonmez, Felicia, and Darryl Fears. 2020. "White House Tensions with CDC Spill into Public View as Top Trump Adviser Criticizes Agency Response." *The Washington Post*, May 17. https://www.washingtonpost.com/politics/white-house-tensions-with-cdc-spill-into-public-view-as-top-trump-adviser-criticizes-agency-response/2020/05/17/a4917896-9854-11ea-a282-386f56d579e6_story.html.
- Swidler, Ann. 1986. "Culture in Action: Symbols and Strategies." *American Sociological Review* 51(2):273–86.
- Tierney, Kathleen. 1999. "Toward a Critical Sociology of Risk." *Sociological Forum* 14(2):215–242.
- Tucker, Robert C. 1968. "The Theory of Charismatic Leadership." *Daedalus* 97(3):731–56.
- Uecker, Jeremy. 2008. "Religious and Spiritual Responses to 9/11: Evidence from the Add Health Study." *Sociological Inquiry* 28(5):477–509.

- Valdez, Zulema. 2015. "The Abandoned Promise of Civil Rights." *Sociological Forum* 30 (S1): 612–626.
- Whitehead, Andrew, and Samuel L. Perry. 2020. *Taking America Back for God: Christian Nationalism in the United States*. New York: Oxford University Press.
- Wildavsky, Aaron, and Karl Dake. 1990. "Theories of Risk Perception: Who Fears What and Why?" *Daedalus* 119(4):41–60.
- Wilkes, Rima. 2015. "We Trust in Government, Just Not in Yours: Race, Partisanship, and Political Trust, 1958–2012." *Social Science Research* 49 (January):356–71.
- Williams, David R. and Chiquita Collins. 2001. "Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health." *Public Health Reports* 116(5):404–416.
- Williams, David R., Selina A. Mohammed, Jacinta Leavell, and Chiquita Collins. 2010. "Race, Socioeconomic Status and Health: Complexities, Ongoing Challenges and Research Opportunities." *Annals of the New York Academy of Sciences* 1186:69–101.
- Winchester, Daniel and Jeffrey Guhin. 2019. "Praying 'Straight from the Heart': Evangelical Sincerity and the Normative Frames of Culture in Action." *Poetics* 72:32–42.
- Wong, Janelle S. 2015. "The Role of Born-Again Identity on the Political Attitudes of Whites, Blacks, Latinos, and Asian Americans." *Politics and Religion* 8(4):641–78.